

Date applied: _____

City/Town of Marriage: _____

State of Connecticut Marriage License Worksheet New Britain, CT

		Groom/Spouse	Bride/Spouse
FOR OFFICE USE ONLY	Signature and Oath		
	Guardian/Conservator Consent		
	License paid	<input type="checkbox"/> YES	<input type="checkbox"/> NO

GROOM/SPOUSE**BRIDE/SPOUSE**

Name (First) (Middle) (Last)					Name (First) (Middle) (Last)				
Sex		Date of Birth		Age	Sex		Date of Birth		Age
Place of Birth		EDUCATION (No. Yrs Completed)			Place of Birth		EDUCATION (No. Yrs Completed)		
		Grade 1-8	High 1-4	COLLEGE 1-5+			Grade 1-8	High 1-4	COLLEGE 1-5+
Residence (No. and Street)					Residence (No. and Street)				
City or Town		County		State	City or Town		County		State
Race		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> Yes <input type="checkbox"/> No			Race		SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> Yes <input type="checkbox"/> No		
Father's Name					Father's Name				
Father's Birthplace (State or Foreign Country)			Mother's Birthplace (State Or Foreign Country)		Father's Birthplace (State or Foreign Country)			Mother's Birthplace (State Or Foreign Country)	
Mother's Maiden Name					Mother's Maiden Name				
NO. OF THIS MARRIAGE	NO. OF CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION			NO. OF THIS MARRIAGE	NO. OF CIVIL UNION	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION		
LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					LAST RELATIONSHIP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				
SOCIAL SECURITY # OF GROOM/SPOUSE					SOCIAL SECURITY # OF BRIDE/SPOUSE				

FOR OFFICE USE ONLY

DATE OF MARRIAGE:

TELEPHONE NUMBER:

DATE LICENSE ISSUED:

DATE LICENSE RETURNED:

OFFICIATOR'S NAME, ADDRESS & TELEPHONE NUMBER:
